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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

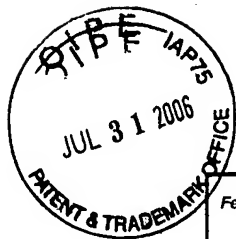
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|                                                                                             |                      |                        |           |
|---------------------------------------------------------------------------------------------|----------------------|------------------------|-----------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/812,776             |           |
|                                                                                             | Filing Date          | March 29, 2004         |           |
|                                                                                             | First Named Inventor | David Muir             |           |
|                                                                                             | Art Unit             | 1651                   |           |
|                                                                                             | Examiner Name        | V. Afremova            |           |
| Total Number of Pages in This Submission                                                    | 28                   | Attorney Docket Number | AXO-003C1 |

| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>- Return Receipt Postcard<br>- Amendment Transmittal<br>- Certification of 1st Class Mailing |
| <div>Remarks</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                     |          |        |
|--------------------------------------------|---------------------|----------|--------|
| Firm Name                                  | GOODWIN PROCTER LLP |          |        |
| Signature                                  |                     |          |        |
| Printed name                               | Daniel A. Wilson    |          |        |
| Date                                       | July 25, 2006       | Reg. No. | 45,508 |



PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 690.00**Complete if Known**

|                      |                        |
|----------------------|------------------------|
| Application Number   | 10/812,776 -Conf.#4996 |
| Filing Date          | March 29, 2004         |
| First Named Inventor | David Muir             |
| Examiner Name        | V. Afremova            |
| Art Unit             | 1651                   |
| Attorney Docket No.  | AXO-003C1              |

**METHOD OF PAYMENT** (check all that apply)☒ Checks ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☐ Deposit Account Deposit Account Number: 07-1700 Deposit Account Name: Goodwin Procter LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|----------------------------------------------------|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|              |              |           |               |
|--------------|--------------|-----------|---------------|
| Total Claims | Extra Claims | Fee (\$)  | Fee Paid (\$) |
| 115          | - 115        | 0 x 25.00 | = 0.00        |

HP = highest number of total claims paid for, if greater than 20.

|               |              |            |               |
|---------------|--------------|------------|---------------|
| Indep. Claims | Extra Claims | Fee (\$)   | Fee Paid (\$) |
| 5             | - 5          | 0 x 100.00 | = 0.00        |

HP = highest number of independent claims paid for, if greater than 3.

|                           |          |               |
|---------------------------|----------|---------------|
| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|                           |          |               |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|              |              |                                                  |                                |               |
|--------------|--------------|--------------------------------------------------|--------------------------------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)                       | Fee Paid (\$) |
|              | - 100 =      | /50                                              | (round up to a whole number) x | =             |

**4. OTHER FEE(S)**

|                                                                 |                                                   |        |
|-----------------------------------------------------------------|---------------------------------------------------|--------|
| Non-English Specification, \$130 fee (no small entity discount) |                                                   |        |
| Other (e.g., late filing surcharge):                            | Extension of reply within third month             | 510.00 |
|                                                                 | Submission of an Information Disclosure Statement | 180.00 |

**SUBMITTED BY**

|                   |                         |                                   |               |           |               |
|-------------------|-------------------------|-----------------------------------|---------------|-----------|---------------|
| Signature         | <i>Daniel A. Wilson</i> | Registration No. (Attorney/Agent) | 45,508        | Telephone | (617)570-1809 |
| Name (Print/Type) | Daniel A. Wilson        | Date                              | July 25, 2006 |           |               |

LIBC/2812079.1



Application No. (if known): 10/812,776

Attorney Docket No.: AXO-003C1

## Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Alexandria, VA 22313-1450

on July 25, 2006  
Date

Signature

Carrah Malone

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 570-1237  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

- Transmittal Form (1 page);
- Fee Transmittal (1 page);
- Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);
- Amendment and Response to Non-Final Office Action (20 pages);
- Amendment Transmittal (1 page);
- IDS (Citation) by Applicant (1 Reference) (1 page);
- Information Disclosure Statement (2 pages);
- Check in the amount of \$240.00;
- Check in the amount of \$450.00; and
- Return-receipt postcard.